Destination: XIFAXAN Coverage

98% of commercially insured patients have coverage for XIFAXAN[1*] in 2022
65% of commercially insured patients have access to Xifaxan without Step Therapy[1]

100% of Medicare patients have coverage for XIFAXAN[1*] in 2022
57% of Medicare insured patients have access to Xifaxan without Step Therapy[1]

81% PA approval rate for XIFAXAN in 2021 when submitted through CoverMyMeds

92% of eligible, commercially insured patients who had coverage for XIFAXAN paid $10 or less for their prescription when a copay card or eVoucher was applied in 2021.[1]

Branded Prior Authorization (PAs) are common. Initiate a Pull Through protocol to proactively submit PAs to ensure timely and efficient outcomes.

**Salix Pharmaceuticals does not guarantee coverage or reimbursement for the product.*

Steps to Complete a PA for Patients with IBS-D

XIFAXAN® (rifaximin) 550 mg tablets are indicated for the treatment of irritable bowel syndrome with diarrhea (IBS-D) in adults. When a PA is required for XIFAXAN, be sure that all information is included and accurate.

Step 1 – **Provide patient and insurance information**

Step 2 – **Include prescriber information**
(eg, practice name, your name, NPI #, DEA/License #)

Step 3 – **Provide accurate information, including:**

- **Age, diagnosis, dosing**
  Age of patient, IBS-D, XIFAXAN 550 mg, three times a day/14 days, 42 tablets[2]
- **ICD-10 code for IBS-D**[3]*
  K58.0 *Irritable bowel syndrome with diarrhea*
- **Previous therapies tried and failed**[4]
  (eg, antidiarrheals, antispasmodics, loperamide, Rx SSRIs, TCAs)
- **Rationale for prescribing XIFAXAN**

Step 4 – **Remember your signature and the date**

78% PA approval rate in 2021 for IBS-D†

when submitted through CoverMyMeds[1]

- *Being proactive with Prior Authorizations led to higher approval rates than reactive PA submission in 2021*[1]

Double Check Top Reasons For PA Denials Before Submitting

REASON FOR DENIAL	CONSIDERATIONS FOR AVOIDING DENIAL
Prior authorization not completed	Confirm PA, fill in missing information, and resubmit
Dosing does not match Indication	Confirm dosing • For IBS-D: XIFAXAN 550 mg, three times a day/14 days, 42 tablets[2] • For OHE: XIFAXAN 550 mg, twice daily, 60 tablets[2]
Invalid diagnosis code	Confirm ICD-10 code and resubmit* • IBS-D: **K58.0** Irritable bowel syndrome with diarrhea[3] • Overt HE: **K76.82** Hepatic Encephalopathy.[3]
Did not try & fail formulary alternative	Include information on why XIFAXAN is necessary and how you expect it to help the patient
Product is a plan exclusion	Confirm coverage; Medicare excludes certain kinds of drugs, but XIFAXAN is not in those categories
Medication not covered	You can ask insurance plan to reevaluate; XIFAXAN is covered for 98% of commercially insured patients and 100% of Medicare patients[1]*

The ICD-10 Codes and all other patient access related information are provided for informational purposes only. It is the treating physician's responsibility to determine the proper diagnosis, treatment and applicable ICD-10 Code. Salix Pharmaceuticals does not guarantee coverage or reimbursement for the product.

†Submission is not a guarantee of coverage or payment. Payer coverage subject to change without notice.

INDICATIONS

XIFAXAN® (rifaximin) 550 mg tablets are indicated for the reduction in risk of overt hepatic encephalopathy (OHE) recurrence in adults and for the treatment of irritable bowel syndrome with diarrhea (IBS-D) in adults.

IMPORTANT SAFETY INFORMATION

- XIFAXAN is contraindicated in patients with a hypersensitivity to rifaximin, rifamycin antimicrobial agents, or any of the components in XIFAXAN. Hypersensitivity reactions have included exfoliative dermatitis, angioneurotic edema, and anaphylaxis.

Please see additional Important Safety Information throughout and click here for full Prescribing Information.

Steps to Complete a PA for Patients with Overt HE

XIFAXAN® (rifaximin) 550 mg tablets are indicated for the reduction in risk of overt hepatic encephalopathy (OHE) recurrence in adults. When a PA is required for XIFAXAN, be sure that all information is included and accurate.

Step 1 – Provide patient and insurance information

Step 2 – Include prescriber information

(eg, practice name, your name, NPI #, DEA/License #)

Step 3 – Provide accurate information, including:

- **Age, diagnosis, dosing**
  Age of patient, twice daily, 60 tablets with refills‡
- ***NEW!* ICD-10 code for overt HE[3]***
  K76.82 *Hepatic Encephalopathy. Indicate lactulose history if applicable.*
- **Previous therapies tried and failed[2]**
  (eg, lactulose)
- **Rationale for prescribing XIFAXAN**
  (eg, breakthrough overt HE episode while on lactulose)

Step 4 – Remember your signature and the date

90% PA approval rate in 2021 for OHE†

when submitted through CoverMyMeds[1]

- *Being proactive with Prior Authorizations led to higher approval rates than reactive PA submission in 2021[1]*

A Letter of Medical Necessity may be needed. If so, it is important to

- Keep it concise
- Submit on practice letterhead
- Include patient name
- Include name of medication *(eg, XIFAXAN 550 mg)*
- Specify diagnosis *(eg, IBS-D or OHE)*
- State your treatment rationale
- Specify duration of treatment *(eg, 14 days for IBS-D; as long as recommended for OHE)[2]*
- Include your name, signature, and date

Please visit https://www.xifaxan.com/siteassets/hehcp/pdf/xifaxan-medical-necessity-form.pdf for a sample Letter of Medical Necessity

Rx SSRI = prescription selective serotonin reuptake inhibitor.
TCA = tricyclic antidepressant.
‡If coverage allows refills, write for 180 tablets.

IBS-D = irritable bowel syndrome with diarrhea.
OHE = overt hepatic encephalopathy

IMPORTANT SAFETY INFORMATION (continued)

- *Clostridium difficile*-associated diarrhea (CDAD) has been reported with use of nearly all antibacterial agents, including XIFAXAN, and may range in severity from mild diarrhea to fatal colitis. If CDAD is suspected or confirmed, ongoing antibiotic use not directed against *C. difficile* may need to be discontinued.
- There is an increased systemic exposure in patients with severe (Child-Pugh Class C) hepatic impairment. Caution should be exercised when administering XIFAXAN to these patients.
- Caution should be exercised when concomitant use of XIFAXAN and P-glycoprotein (P-gp) and/or OATPs inhibitors is needed. Concomitant administration of cyclosporine, an inhibitor of P-gp and OATPs, significantly increased the systemic exposure of rifaximin. In patients with hepatic impairment, a potential additive effect of reduced metabolism and concomitant P-gp inhibitors may further increase the systemic exposure to rifaximin.

Please see additional Important Safety Information throughout and click here for full Prescribing Information.

Complete a Prior Authorization with **CoverMyMeds** in **Three Easy Steps**

01 **Create an account** with CoverMyMeds, or log in to your existing account at covermymeds.com.

- PAs proactively generated by Prescribers offices had a 23% higher dispense rate than pharmacy initiated PAs in 2021.[1]

02 Shorten time to therapy by **creating a PA request** required for treatment, or complete a pharmacy initiated request.

- Average time between Xifaxan PA submission and provider notification was 9 hours in 2021[1]

03 **Fill in medical details** and then click one button to electronically submit the request to any plan for determination.

Get signed up! CMM offers individual training to offices to assist in the PA submission process.

Live Chat/Request Training for a Sponsored Brand: covermymeds.com
Phone: 1-866-452-5017
Resources: go.covermymeds.com/help

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IMPORTANT SAFETY INFORMATION (continued)

- In clinical studies, the most common adverse reactions for XIFAXAN were:
  - OHE (≥10%): Peripheral edema (15%), nausea (14%), dizziness (13%), fatigue (12%), and ascites (11%)
  - IBS-D (≥2%): Nausea (3%), ALT increased (2%)
- INR changes have been reported in patients receiving rifaximin and warfarin concomitantly. Monitor INR and prothrombin time. Dose adjustment of warfarin may be required.
- XIFAXAN may cause fetal harm. Advise pregnant women of the potential risk to a fetus.

To report SUSPECTED ADVERSE REACTIONS, contact Salix Pharmaceuticals at 1-800-321-4576 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please see additional Important Safety Information throughout and click here for full Prescribing Information.

References: 1. Data on file. Salix Pharmaceuticals. Bridgewater, NJ. **2.** XIFAXAN [prescribing information]. Bridgewater, NJ: Salix Pharmaceuticals. **3.** ICD-10. Centers for Medicaid & Medicare Services. www.cms.gov/medicare/icd-10/2023-icd-10-cm. Accessed July 27, 2022. **4.** Grundmann O, Yoon SL. Irritable bowel syndrome: epidemiology, diagnosis and treatment: an update for health-care practitioners. *J Gastroenterol Hepatol.* 2010;25(4):691-699.

Salix Pharmaceuticals

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Xifaxan® rifaximin 550 mg tablets